tie (48titoe).		OMB Number: 3235-0			
84 - 5432		OMB Number: 3235-0 Expires: July 31, 2			
or the reporting period ended	02004417	Estimated average burden			
	02004411	hours per full response 6 Estimated average burden			
	UNITED STATES	hours per intermediate			
	SECURITIES AND EXCHANGE COMMI	response1 Estimated average burden			
	Washington, D.C. 20549	mours per minimum			
	MAR	1 9 2002 response			
	FORM TA-2				
		354 6 MAR /5 1 2002			
FORM FO	OR REPORTING ACTIVITIES OF TR	ANSFERDATIONTS			
REGISTERED PURSUAN	T TO SECTION 17A OF THE SECUR	ITUES EXCHANGE ACT OF 193			
ATTENTION:	INTENTIONAL MISSTATEMENTS	OR OMISSIONS OF FACT			
	CONSTITUTE FEDERAL CRIMINAL VIOLATIONS.				
	See 18 U.S.C. 1001 and 15 U.S.C. 78f	f(a)			
Full mains of Bankassas as seen	adia Oversian 2 of Francis TA 1				
(Do not use Form TA-2 to change nan	red in Question 3 of Form TA-1:				
100 not use rotal 1942 to change had	ic or address.				
A I M Fund Services, 1					
a. During the reporting period (Check appropriate box.)	d, has the Registrant engaged a service company	to perform any of its transfer agent function			
[] All	☐ Some 🔯 None				
	-	e e e e e e e e e e e e e e e e e e e			
company(ies) engaged:	on (a) is all or some, provide the name(s) and	transfer agent file number(s) of all ser-			
Name of Transfer Agent(s	s):	File No. (beginning with 84- or 85-):			
N/A		N/A			
		PROCESSE			
		P JUL 1 0 2002			
		THOMSON			
		FINANCIAL			
c. During the reporting paris	d, has the Registrant been engaged as a service c	omposition and transfer agent to perf			
c. During the reporting period transfer agent functions?	u, has the Registram been engaged as a service of	ompany by a named transfer agent to pert			
_					
☐ Yes	X No				
d. If the answer to subsection	(c) is yes, provide the name(s) and file number(s	i) of the named transfer agent(s) for which			
	ed as a service company to perform transfer agent upplement to Form TA-2.)	it functions: (If more room is required, pla			
Name of Transfer Agent(s):	File No. (beginning with 84- or 85-):			
N/A		N/A			

3.	а.	Comptrolle Federal De Board of G	r of the Curren posit Insurance	cy Corporat Federal I	ion Reserve System		с опіу.	,			
	b.	During the repo									ng the date on which
			mendment(s) to file amendme ble	ent(s)				•			
	c.	If the answer to	subsection (b) is no, pro	ovide an expla	nation:					Ta .
		· .		· ·							
,			······································		: 	· · · · · · · · · · · · · · · · · · ·	7				
		If	he response	to any o	f questions	4-11 below i	is n or	e or zero	, enter "	0."	
4.	Nu	mber of items re	ceived for tran	sfer durin	g the reporting	period:					1,902,958
5.	a.	Total number of System (DRS),									6,414,792
	b.	Number of indias of December	ividual security	holder di	vidend reinves	tment plan and	d/or di	rect purcha	sse plan ac	сош	nts 6, 145, 244
	c.	Number of ind	ividual security	holder DI	RS accounts as	of December	31:			•	0
	d.	Approximate p December 31:	**		secwityholder ities li						ng categories as of
	Г	Corporate	Согрогате		Open-End	Limited		Municipa	al Debt		Other
		Equity Securities	Debt Securities		Investment Company Securities	Partnersh Securitie	•	Securi	ties	·	Securities
		.0019%	1		99.973%					 (0.0008%**
· 6.	Nu	mber of securiti	es issues for w	hich Regis	strant acted in	the following	capac	ities, as of	December	31:	
					orporate ecurities	Open-End Investment Company	Pa	imited rtnership ecurities	Municip Debt Securitie		Other Securities
				Equity	Debt	Securities		centers			
	a.	Receives items and maintains securityholder	the master	2		253			٠		30 **
	b.	Receives items but does not m master security	s for transfer paintain the								
	c.	Does not recei transfer but m	ve items for								

7.		ope of certain additional types of acti		3	
	2.	Number of issues for which dividen services were provided, as of Decem			285
	ь	Number of issues for which DRS se			······
		Dividend disbursement and interest i. number of issues	paying agent activities cor	nducted during the reportin	ig period:
		ii. amount (in dollars)			2 402 524 044
		iii who will (iii do liais)			
8.	а.	Number and aggregate market value December 31:	of securities aged record	differences, existing for m	ore than 30 days, as of
			•	Prior	Current
	,	•		Transfer Agent(s) (If applicable)	Transfer Agent
		i. Number of issues			0
		ii. Market value (in dollars)			0
		(,			
	b .	Number of quarterly reports regarding SEC) during the reporting period pu			
	c.	During the reporting period, did the (including the SEC) required by Rul		y reports regarding buy-in	s with its ARA
		XX Yes	☐ No		
	d.	N/A	o, provide an explanation f	or each failure to file:	
			<u> </u>		
9.	а.	During the reporting period, has the as set forth in Rule 17Ad-2?	Registrant always been in	compliance with the turna	around time for routine items
		⊠ Yes	□ No		
		If the answer to	subsection (a) is no, comp	olete subsections (i) throu	gh (ii).
		i. Provide the number of months of compliance with the turnaround	luring the reporting period time for routine items acc	in which the Registrant wording to Rule 17Ad-2	as not in N/A
		ii. Provide the number of written n SEC and with its ARA that repo items according to Rule 17Ad-2	rted its noncompliance wi	th turnaround time for rou	tine
10		mber of open-end investment compar I distribution postings, and address cl			s) excluding dividend, interest
	a.	Total number of transactions proces			17,624,684
	b.				

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
8/15/2001	6,194	4,532
12/15/2001	6,655	4,768
		_

b.	Number of lost securityholder accounts that have been remitted to states during the	
	reporting period:	170

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Manual signature of Official responsible for Form:	Title: Vice President
Robert a Frazer	Telephone number: (713) 214-4590
Name of Official responsible for Form: (First name, Middle name, Last name)	Date signed (Month/Day/Year):
Robert A. Frazer	March 18, 2002